

II. POLLUTANT CHARACTERISTICS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

US EPA RECORDS CENTER REGION 5



472859

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 CORNING GLASS WORKS / ZIRCOA PRODUCTS

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

2 PIGNATO, W. J. ENVIRONMENTAL ENG.

B. PHONE (area code & no.)

6 0 7 9 7 4 7 8 4 4

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 MAIN PLANT 8-4

B. CITY OR TOWN

4 CORNING

C. STATE

NY

D. ZIP CODE

1 4 8 3 0

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 31501 SOLON ROAD

B. COUNTY NAME

CUYAHOGA

C. CITY OR TOWN

6 SOLON

D. STATE

OH

E. ZIP CODE

4 4 1 3 9

F. COUNTY CODE (if known)

I. SIC CODES (4-digit, in order of priority)	
A. FIRST 3 2 9 7 (specify) SPECIALTY CERAMIC PRODUCTS	B. SECOND 7 (specify)
C. THIRD (specify)	D. FOURTH 7 (specify)

II. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?				
CORNING GLASS WORKS ZIRCOA PRODUCTS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)				
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">C A</td> <td style="text-align: center;">2 1 6</td> <td style="text-align: center;">2 4 8</td> <td style="text-align: center;">0 5 0 0</td> </tr> </table>	C A	2 1 6	2 4 8	0 5 0 0
C A	2 1 6	2 4 8	0 5 0 0			
E. STREET OR P.O. BOX						
1501 SOLON ROAD						
F. CITY OR TOWN	G. STATE	H. ZIP CODE				
SOLON	OH	44139				
		I. INDIAN LAND				
		Is the facility located on Indian lands?				
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

III. ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)	
OH00000591	9 P SEE ADDENDUM	
E. OTHER (specify)		
F. RCRA (Hazardous Wastes)	E. OTHER (specify)	

I. MAP

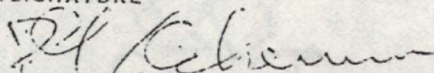
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

Manufacture of ultra-high temperature ceramic products which involves casting, molding, firing, classifying, filtering, washing and drying.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)	SIGNATURE	DATE SIGNED
Roger G. Ackerman Senior Vice Pres., Ceramic Products		

COMMENTS FOR OFFICIAL USE ONLY

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ADDENDUM TO EPA FORM 1 - OHD006366603

Item X - Existing Environmental Permits (Air Emissions)

1318530291-P001

1318530291-P002

1318530291-P003

1318530291-P004

Corning Glass Works
Zircoa Products
31501 Solon Road
Solon, Ohio 44139

FORM 3510-3 (6-30)		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		EPA I.D. NUMBER FOHDD006366603	
RCRA		FOR OFFICIAL USE ONLY		COMMENTS	
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)			
II. FIRST OR REVISED APPLICATION		Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.			
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		2. NEW FACILITY (Complete item below.)	
XX		SEE ADDENDUM		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
8		FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		71	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		1. FACILITY HAS INTERIM STATUS		2. FACILITY HAS A RCRA PERMIT	
III. PROCESSES - CODES AND DESIGN CAPACITIES		A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).			
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.		1. AMOUNT - Enter the amount.			
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.					
PROCESS		PRO-CESS CODE		APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	
Storage:		501		GALLONS OR LITERS	
CONTAINER (barrel, drum, etc.)		502		GALLONS OR LITERS	
TANK		503		CUBIC YARDS OR CUBIC METERS	
WASTE PILE		504		GALLONS OR LITERS	
SURFACE IMPOUNDMENT		D79		GALLONS OR LITERS	
Disposal:		D80		ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	
INJECTION WELL		D81		ACRES OR HECTARES	
LANDFILL		D82		GALLONS PER DAY OR LITERS PER DAY	
LAND APPLICATION		D83		GALLONS OR LITERS	
OCEAN DISPOSAL					
SURFACE IMPOUNDMENT					
UNIT OF MEASURE		UNIT OF MEASURE CODE		UNIT OF MEASURE CODE	
GALLONS.....		G		LITERS PER DAY.....	
LITERS.....		L		TONS PER HOUR.....	
CUBIC YARDS.....		Y		METRIC TONS PER HOUR.....	
CUBIC METERS.....		C		GALLONS PER HOUR.....	
GALLONS PER DAY.....		U		LITERS PER HOUR.....	
PROCESS		PRO-CESS CODE		APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	
Treatment:		T01		GALLONS PER DAY OR LITERS PER DAY	
TANK		T02		GALLONS PER DAY OR LITERS PER DAY	
SURFACE IMPOUNDMENT		T03		TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	
INCINERATOR		T04		GALLONS PER DAY OR LITERS PER DAY	
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)					
UNIT OF MEASURE		UNIT OF MEASURE CODE		UNIT OF MEASURE CODE	
ACRE-FEET.....		A		HECTARE-METER.....	
HECTARE-METER.....		F		ACRES.....	
ACRES.....		B		HECTARES.....	
HECTARES.....		Q			
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.					
C		T/A C		1	
13 14 15		27 28 29		30 31 32	
LINE NUMBER		A. PRO-CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY	
1		S 0 2		600	
2		T 0 3		20	
3		T 0 4		50,000	
4		T 0 2		5,000	
5		S 0 1		2	
6					
7					
8					
9					
10					
FOR OFFICIAL USE ONLY		FOR OFFICIAL USE ONLY		FOR OFFICIAL USE ONLY	
EPA Form 3510-3 (6-30)		PAGE 1 OF 5		CONTINUE ON REVERSE	

Zirconia (ZrO_2) is extracted from zircon sand ($ZrSiO_4$) involving classifying, leaching with hydrofluoric (HF) and hydrochloric (HCl) acids, filtering, washing and drying.

V. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
POUNDS.....P
TONS.....T

METRIC UNIT OF MEASURE **CODE**
KILOGRAMS.....K
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

1. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W Z O Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

EPA NO. LINE	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
	23	24	25	26			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D	0	0	2	68805	T	T	0	2	T	0	4						
2	F	0	0	1	75	P	S	0	1									
3	W	A	S	T	E OIL 16800	P	S	0	1									
4																		
5																		
6																		
7																		
8																		
9																		
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18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		

EPA I.D. NO. (enter from page 1)													
O	H	D	0	0	6	3	6	6	6	0	3	T/A	C
											6		

FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

I. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

II. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	1	2	8	3	0
65	66	67	68	69	70

LONGITUDE (degrees, minutes, & seconds)

8	1	2	3	3	0
72	73	74	75	76	77

III. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX				4. CITY OR TOWN		5. ST.	
6. ZIP CODE							

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Roger G. Ackerman Senior Vice Pres., Ceramic Products		11/14/80

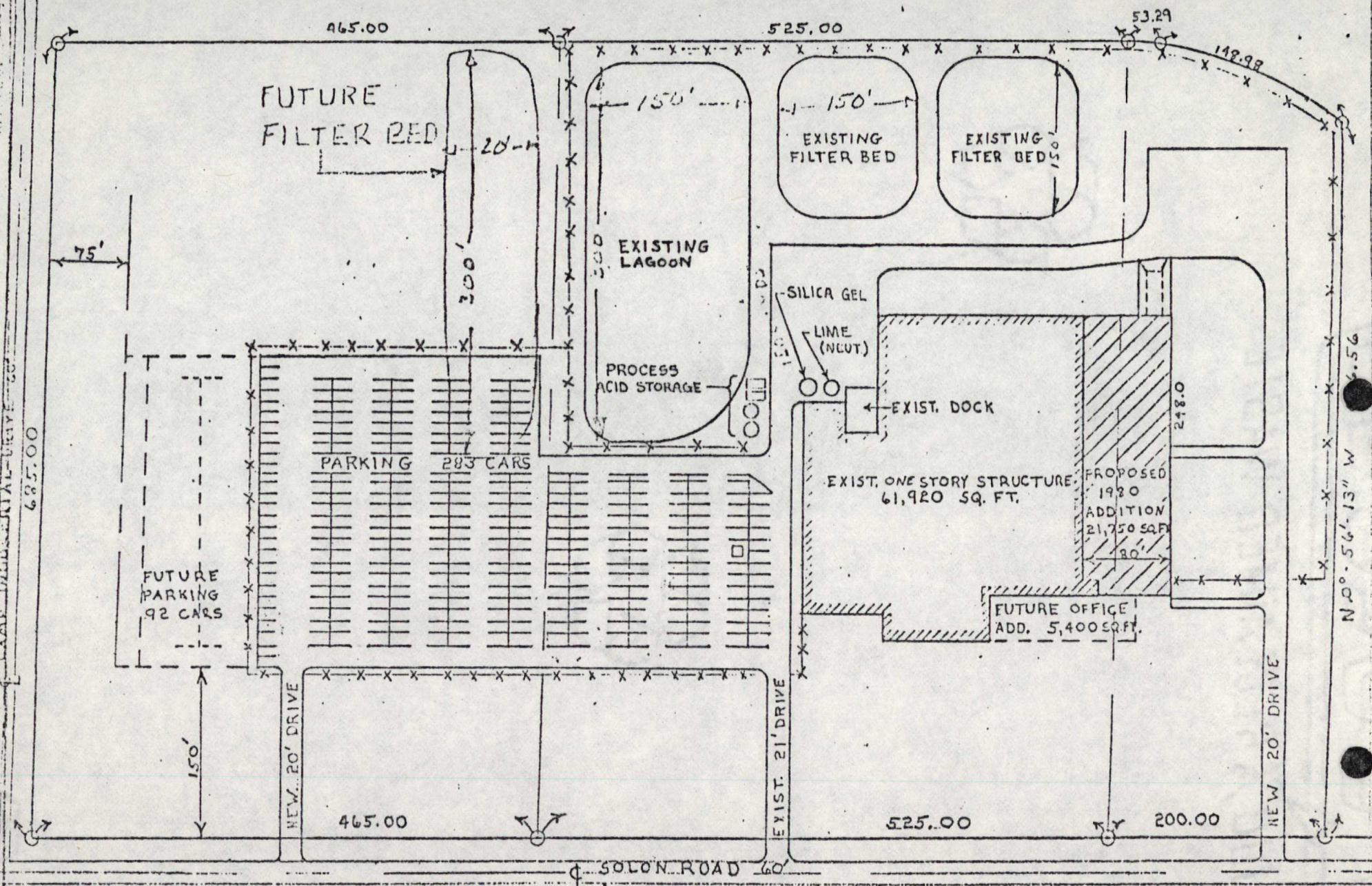
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Fred R. Cekella Plant Manager		11/6/80

PA Form 6100-0001

PA Form 6100-0001



NEW PARKING

EXISTING PROPERTY

1980 ADDITION

Corning Glass Works/Zircoa Products
31501 Solon Road, Solon, Ohio 44139

ADDENDUM TO EPA FORM 3 - OHDO06366603

Page 1, Section II, Item A

The operation of this facility was assumed by Corning Glass Works on July 3, 1970.

Zirconium Corporation of America had operated the facility, approximately 15 years, prior to July 3, 1970.

Page 1, Section III, Item C, Line No. 1 & 2

Plant extracts zirconia (ZrO_2) from zircon sand ($ZrSiO_4$) with hydrochloric (HCl) and hydrofluoric (HF) acids in a process designed to operate in a full recycle mode.

The possibility of item listed on Line 2, T02 5,000, is remote.

Corning Glass Works
Zircoa Products
31501 Solon Road
Solon, Ohio 44139